

Draft CAPER Report

Part 1

HOPWA CAPER Report

HOPWA CAPER 2020



Housing Opportunities for Persons With AIDS (HOPWA) Program

Consolidated Annual Performance and Evaluation Report (CAPER) Measuring Performance Outcomes

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

The CAPER report for HOPWA formula grantees provides annual information on program accomplishments that supports program evaluation and the ability to measure program beneficiary outcomes as related to: maintain housing stability; prevent homelessness; and improve access to care and support. This information is also covered under the Consolidated Plan Management Process (CPMP) report and includes Narrative Responses and Performance Charts required under the Consolidated Planning regulations. Reporting is required for all HOPWA formula grantees. The public reporting burden for the collection of information is estimated to average 41 hours per manual response, or less if an automated data collection and retrieval system is in use, along with 60 hours for record keeping, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD's requirements for reports submitted by HOPWA formula grantees are supported by 42 U.S.C. § 12911 and HUD's regulations at 24 CFR § 574.520(a). Grantees are required to report on the activities undertaken only, thus there may be components of these reporting requirements that may not be applicable. This agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless that collection displays a valid OMB control number. While confidentiality is not assured, HUD generally only releases this information as required or permitted by law.

Previous editions are obsolete

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Overview. The Consolidated Annual Performance and Evaluation Report (CAPER) provides annual performance reporting on client outputs and outcomes that enables an assessment of grantee performance in achieving the housing stability outcome measure. The CAPER fulfills statutory and regulatory program reporting requirements and provides the grantee and HUD with the necessary information to assess the overall program performance and accomplishments against planned goals and objectives.

HOPWA formula grantees are required to submit a CAPER demonstrating coordination with other Consolidated Plan resources. HUD uses the CAPER data to obtain essential information on grant activities, project sponsors, housing sites, units and households, and beneficiaries (which includes racial and ethnic data on program participants). The Consolidated Plan Management Process tool (CPMP) provides an optional tool to integrate the reporting of HOPWA specific activities with other planning and reporting on Consolidated Plan activities.

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Continued Use Periods. Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation of a building or structure are required to operate the building or structure for HOPWA-eligible beneficiaries for a ten (10) years period. If no further HOPWA funds are used to support the facility, in place of completing Section 7B of the CAPER, the grantee must submit an Annual Report of Continued Project Operation throughout the required use periods. This report is included in Part 6 in CAPER. The required use period is three (3) years if the rehabilitation is non-substantial.

Record Keeping. Names and other individual information must be kept confidential, as required by 24 CFR 574.440. However, HUD reserves the right to review the information used to complete this report for grants management oversight purposes, except for recording any names and other identifying information. In the case that HUD must review client-level data, no client names or identifying information will be retained or recorded. Information is reported in aggregate to HUD without personal identification. Do not submit client or personal information in data systems to HUD.

In connection with the development of the Department's standards for Homeless Management Information Systems (HMIS), universal data elements are being collected for clients of HOPWA-funded homeless assistance projects. These project sponsor records would include: Name, Social Security Number, Date of Birth, Ethnicity and Race, Gender, Veteran Status, Disabling Conditions, Residence Prior to Program Entry, Zip Code of Last Permanent Address, Housing Status, Program Entry

Date, Program Exit Date, Personal Identification Number, and Household Identification Number. These are intended to match the elements under HMIS. The HOPWA program-level data elements include: Income and Sources, Non-Cash Benefits, HIV/AIDS Status, Services Provided, Housing Status or Destination at the end of the operating year, Physical Disability, Developmental Disability, Chronic Health Condition, Mental Health, Substance Abuse, Domestic Violence, Medical Assistance, and T-cell Count. Other HOPWA projects sponsors may also benefit from collecting these data elements. HMIS local data systems must maintain client confidentiality by using a closed system in which medical information and HIV status are only shared with providers that have a direct involvement in the client's case management, treatment and care, in line with the signed release of information from the client.

Operating Year. HOPWA formula grants are annually awarded for a three-year period of performance with three operating years. The information contained in this CAPER must represent a one-year period of HOPWA program operation that coincides with the grantee's program year; this is the operating year. More than one HOPWA formula grant awarded to the same grantee may be used during an operating year and the CAPER must capture all formula grant funding used during the operating year. Project sponsor accomplishment information must also coincide with the operating year this CAPER covers. Any change to the period of performance requires the approval of HUD by amendment, such as an extension for an additional operating year.

Final Assembly of Report. After the entire report is assembled, number each page sequentially.

Filing Requirements. Within 90 days of the completion of each program year, grantees must submit their completed CAPER to the CPD Director in the grantee's State or Local HUD Field Office, and to the HOPWA Program Office, at HOPWA@hud.gov. Electronic submission to HOPWA Program office is preferred; however, if electronic submission is not possible, hard copies can be mailed to: Office of HIV/AIDS Housing, Room 7248, U.S. Department of Housing and Urban Development, 451 Seventh Street, SW, Washington, D.C., 20410.

Definitions

Adjustment for Duplication: Enables the calculation of unduplicated output totals by accounting for the total number of households or units that received more than one type of HOPWA assistance in a given service category such as HOPWA Subsidy Assistance or Supportive Services. For example, if a client household received both TBRA and STRMU during the operating year, report that household in the category of HOPWA Housing Subsidy Assistance in Part 3, Chart 1, Column [1b] in the following manner:

HOPWA Housing Subsidy Assistance		(1) Outputs: Number of Households
1.	Tenant-Based Rental Assistance	1
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units	
2b.	Transitional/Short-term Facilities: Received Operating Subsidies	
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year	
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year	
4.	Short-term Rent, Mortgage, and Utility Assistance	1
5.	Adjustment for duplication (subtract)	1
6.	TOTAL Housing Subsidy Assistance (Sum of Rows 1-4 minus Row 5)	1

Administrative Costs: Costs for general management, oversight, coordination, evaluation, and reporting. By statute, grantee administrative costs are limited to 9% of total grant award, to be expended over the life of the grant. Project sponsor administrative costs are limited to 7% of the portion of the grant amount they receive.

Beneficiary(ies): All members of a household who received HOPWA assistance during the operating year including the one individual who qualified the household for HOPWA assistance as well as any other members of the household (with or without HIV) who benefited from the assistance.

Chronically Homeless Person: An individual or family who: (i) is homeless and lives or resides individual or family who: (i) is homeless and lives or resides in a place not meant for human habitation, a safe haven, or in an emergency shelter; (ii) has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years; and (iii) has an adult head of household (or a minor head of household if no adult is present in the household) with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of those conditions. Additionally, the statutory definition includes as chronically homeless a person who currently lives or resides in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital or other similar facility, and has resided there for fewer than 90 days if such person met the other criteria for homeless prior to entering that facility. (See 42 U.S.C. 11360(2)) This does not include doubled-up or overcrowding situations.

Disabling Condition: Evidencing a diagnosable substance use disorder, serious mental illness, developmental disability, chronic physical illness, or disability, including the co-occurrence of two or more of these conditions. In addition, a disabling condition may limit an individual's ability to work or perform one or more activities of daily living. An HIV/AIDS diagnosis is considered a disabling condition.

Facility-Based Housing Assistance: All eligible HOPWA Housing expenditures for or associated with supporting facilities including community residences, SRO dwellings, short-term facilities, project-based rental units, master leased units, and other housing facilities approved by HUD.

Faith-Based Organization: Religious organizations of three types: (1) congregations; (2) national networks, which include national denominations, their social service arms (for example, Catholic Charities, Lutheran Social Services), and networks of related organizations (such as YMCA and YWCA); and (3) freestanding religious organizations, which are incorporated separately from congregations and national networks.

Grassroots Organization: An organization headquartered in the local community where it provides services; has a social services budget of \$300,000 or less annually; and six or fewer full-time equivalent employees. Local affiliates of national organizations are not considered "grassroots."

HOPWA Eligible Individual: The one (1) low-income person with HIV/AIDS who qualifies a household for HOPWA assistance. This person may be considered "Head of Household." When the CAPER asks for information on eligible individuals, report on this individual person only. Where there is more than one person with HIV/AIDS in the household, the additional PWI/A(s), would be considered a beneficiary(s).

HOPWA Housing Information Services: Services dedicated to helping persons living with HIV/AIDS and their families to identify, locate, and acquire housing. This may also include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability.

HOPWA Housing Subsidy Assistance Total: The unduplicated number

of households receiving housing subsidies (TBRA, STRMU, Permanent Housing Placement services and Master Leasing) and/or residing in units of facilities dedicated to persons living with HIV/AIDS and their families and supported with HOPWA funds during the operating year.

Household: A single individual or a family composed of two or more persons for which household incomes are used to determine eligibility and for calculation of the resident rent payment. The term is used for collecting data on changes in income, changes in access to services, receipt of housing information services, and outcomes on achieving housing stability. Live-In Aides (see definition for Live-In Aide) and non-beneficiaries (e.g. a shared housing arrangement with a roommate) who resided in the unit are not reported on in the CAPER.

Housing Stability: The degree to which the HOPWA project assisted beneficiaries to remain in stable housing during the operating year. See Part 5: Determining Housing Stability Outcomes for definitions of stable and unstable housing situations.

In-kind Leveraged Resources: These are additional types of support provided to assist HOPWA beneficiaries such as volunteer services, materials, use of equipment and building space. The actual value of the support can be the contribution of professional services, based on customary rates for this specialized support, or actual costs contributed from other leveraged resources. In determining a rate for the contribution of volunteer time and services, use the criteria described in 2 CFR 200. The value of any donated material, equipment, building, or lease should be based on the fair market value at time of donation. Related documentation can be from recent bills of sales, advertised prices, appraisals, or other information for comparable property similarly situated.

Leveraged Funds: The amount of funds expended during the operating year from non-HOPWA federal, state, local, and private sources by grantees or sponsors in dedicating assistance to this client population. Leveraged funds or other assistance are used directly in or in support of HOPWA program delivery.

Live-In Aide: A person who resides with the HOPWA Eligible Individual and who meets the following criteria: (1) is essential to the care and well-being of the person; (2) is not obligated for the support of the person; and (3) would not be living in the unit except to provide the necessary supportive services. See 124 CFR 5.403 and the HOPWA Grantee Oversight Resource Guide for additional reference.

Master Leasing: Applies to a nonprofit or public agency that leases units of housing (scattered-sites or entire buildings) from a landlord, and subleases the units to homeless or low-income tenants. By assuming the tenancy burden, the agency facilitates housing of clients who may not be able to maintain a lease on their own due to poor credit, evictions, or lack of sufficient income.

Operating Costs: Applies to facility-based housing only, for facilities that are currently open. Operating costs can include day-to-day housing function and operation costs like utilities, maintenance, equipment, insurance, security, furnishings, supplies and salary for staff costs directly related to the housing project but not staff costs for delivering services.

Outcome: The degree to which the HOPWA assisted household has been enabled to establish or maintain a stable living environment in housing that is safe, decent, and sanitary, (per the regulations at 24 CFR 574.310(b)) and to reduce the risks of homelessness, and improve access to HIV treatment and other health care and support.

Output: The number of units of housing or households that receive HOPWA assistance during the operating year.

Permanent Housing Placement: A supportive housing service that helps establish the household in the housing unit, including but not limited to reasonable costs for security deposits not to exceed two months of rent costs.

Program Income: Gross income directly generated from the use of HOPWA funds, including repayments. See grant administration requirements on program income at 2 CFR 200.307.

Project-Based Rental Assistance (PBRA): A rental subsidy program that is tied to specific facilities or units owned or controlled by a project sponsor. Assistance is tied directly to the properties and is not portable or transferable.

Project Sponsor Organizations: Per HOPWA regulations at 24 CFR 574.3, any nonprofit organization or governmental housing agency that receives funds under a contract with the grantee to provide eligible housing and other support services or administrative services as defined in 24 CFR 574.300. Project Sponsor organizations are required to provide performance data on households served and funds expended.

SAM: All organizations applying for a Federal award must have a valid registration active at sam.gov. SAM (System for Award Management) registration includes maintaining current information and providing a valid DUNS number.

Short-Term Rent, Mortgage, and Utility (STRMU) Assistance: A time-limited, housing subsidy assistance designed to prevent homelessness and increase housing stability. Grantees may provide assistance for up to 21 weeks in any 52-week period. The amount of assistance varies per

client depending on funds available, tenant need and program guidelines.

Stewardship Units: Units developed with HOPWA, where HOPWA funds were used for acquisition, new construction and rehabilitation that no longer receive operating subsidies from HOPWA. Report information for the units is subject to the three-year use agreement if rehabilitation is non-substantial and to the ten-year use agreement if rehabilitation is substantial.

Tenant-Based Rental Assistance (TBRA): TBRA is a rental subsidy program similar to the Housing Choice Voucher program that grantees can provide to help low-income households access affordable housing. The TBRA voucher is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules. The subsidy amount is determined in part based on household income and rental costs associated with the tenant's lease.

Transgender: Transgender is defined as a person who identifies with, or presents as, a gender that is different from the person's gender assigned at birth.

Veteran: A veteran is someone who has served on active duty in the Armed Forces of the United States. This does not include inactive military reserves or the National Guard unless the person was called up to active duty.

**Housing Opportunities for Person With AIDS (HOPWA)
Consolidated Annual Performance and Evaluation Report (CAPER)
Measuring Performance Outputs and Outcomes**

OMB Number 2506-0133 (Expiration Date: 11/30/2023)

Part 1: Grantee Executive Summary

As applicable, complete the charts below to provide more detailed information about the agencies and organizations responsible for the administration and implementation of the HOPWA program. Chart 1 requests general Grantee Information and Chart 2 is to be completed for each organization selected or designated as a project sponsor, as defined by 24 CFR 574.3.

Note: If any information does not apply to your organization, please enter N/A. Do not leave any section blank.

1. Grantee Information

HUD Grant Number MIN-19-F998 (CARES Act Funding CPD Notice - 20-05), MIN-20-F998 (HOPWA formate)		Operating Year for this report From (mm/dd/yyyy) 7/1/20 To (mm/dd/yyyy) 6/30/21	
Grantee Name Michigan Department of Health and Human Services Contact: Lynn Nee, HOPWA Program Specialist Phone: 517-275-2791, E-Mail: neel@michigan.gov			
Business Address		St. 1110, 235 S. Grand Ave., PO Box 30037	
City, County, State, Zip		Lansing	MI 48209
Employer Identification Number (EIN) or Tax Identification Number (TIN)		30-0801134	
DUNS & Bradstreet Number (DUNs):		113704139	System for Award Management (SAM): Is the grantee's SAM status currently active? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide SAM Number: 3K4L0
Congressional District of Grantee's Business Address		MI-8	
*Congressional District of Primary Service Area(s)		MI-1, MI-2, MI-3, MI-4, MI-5, MI-6, MI-7, portions of MI-8, portions of MI-10, portions of MI-12	
*City(ies) and County(ies) of Primary Service Area(s)		Cities: Marquette, Escanaba, Traverse City, Alpena, Bay City, Saginaw, Flint, Mt. Pleasant, Lansing, Muskegon, Grand Rapids, Midland, Kalamazoo, Battle Creek, Benton Harbor, Jackson, Ann Arbor, Ypsilanti Counties: Alcona, Alger, Alcona, Alpena, Antrim, Arenac, Benzie, Barry, Bay, Benzie, Berrien, Branch, Calhoun, Cass, Charlevoix, Cheboygan, Chippewa, Clare, Clinton, Crawford, Delta, Dickinson, Eaton, Emmet, Genesee, Gladwin, Gogebic, Grand Traverse, Gratiot, Hillsdale, Houghton, Huron, Ingham, Ionia, Iosco, Iron, Isabella, Jackson, Kalamazoo, Kalamazoo, Kent, Keweenaw, Lake, Leelanau, Lenawee, Lapeer, Mackinac, Manistee, Marquette, Mason, Mecosta, Menominee, Midland, Missaukee, Monroe, Montcalm, Montmorency, Muskegon, Newaygo, Oceana, Ogemaw, Ontonagon, Oshtemo, Oscoda, Otsego, Ottawa, Presque Isle, Roscommon, Saginaw, St. Joseph, Sanilac, Schoolcraft, Shiawassee, Tuscola, Van Buren, Washtenaw, Wexford	
Organization's Website Address http://www.michigan.gov/MDHHS		Is there a waiting list(s) for HOPWA Housing Subsidy Assistance Services in the Grantee Service Area? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section what services maintain a waiting list and how this list is administered.	

Service delivery area information only needed for program activities being directly carried out by the grantee.

2. Project Sponsor Information

Please complete Chart 2 for each organization designated or selected to serve as a project sponsor, as defined by 24 CFR 574.3. Use this section to report on organizations involved in the direct delivery of services for client households.

Note: If any information does not apply to your organization, please enter N/A.

Project Sponsor Agency Name Community AIDS Resource and Education Services (CARES) of South West Michigan the Pioneer Wellness Network		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		Pat Clark, Director of Client Services	
Email Address		pclark@caresswm.org	
Business Address		629 Pioneer Street	
City, County, State, Zip		Kalamazoo, Kalamazoo, MI 49008	
Phone Number (with area code)		269-381-2437	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-2784545	
		Fax Number (with area code) 269-381-4050	
DUN & Bradstreet Number (DUNS):		125919378	
Congressional District of Project Sponsor's Business Address		6	
Congressional District(s) of Primary Service Area(s)		3,6,7	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Kalamazoo, Battle Creek, Benton Harbor, Coldwater, Three Rivers Counties: Kalamazoo, St. Joseph, Cass, Van Buren, Berrien	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA - \$403,958.00; HOPWA HCARES - \$38,231.00 Total funding for PY20: \$442,189.00	
Organization's Website Address		www.caresswm.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Marquette County Health Department		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		Laura Fredrickson, HIV/AIDS Coordinator	
Email Address		lfredrickson@mqhco.org	
Business Address		184 US HWY 41 E	
City, County, State, Zip		Negaunee, Marquette, MI, 49866	
Phone Number (with area code)		906-475-7651	906-250-4501
Employer Identification Number (EIN) or Tax Identification Number (TIN)		Fax Number (with area code)	
38-6004869		906-475-4435	
DUN & Bradstreet Number (DUNs):		619760341	
Congressional District of Project Sponsor's Business Address		1	
Congressional District(s) of Primary Service Area(s)		1	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Sault Saint Marie, Kingsford, Iron Mountain, Ironwood, Bessemer, Iron River, Crystal Falls, Calumet, Houghton, Negaunee, St. Ignace, Mohawk, Munising, Baraga, Newberry, Ishpeming, Marquette, Menominee, Ontonagon, Manistique, Escanaba Counties: Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinaw, Marquette, Menominee, Ontonagon and Schoolcraft	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA - \$150,065.00 HOPWA HCARES - \$10,000.00 Total funding for PY20: \$160,065.00	
Organization's Website Address		mqhealth.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Unified – HIV Health and Beyond		Parent Company Name, if applicable Wellness Networks	
Name and Title of Contact at Project Sponsor Agency		Rayshaunda Gipson, Director of Care Services	
Email Address		rgipson@miunified.org	
Business Address		2287 Ellsworth Street, Ste. B	
City, County, State, Zip		Ypsilanti, Washtenaw, MI, 48197	
Phone Number (with area code)		734-961-1086	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-246851	
DUN & Bradstreet Number (DUNS):		789136421	
Congressional District of Project Sponsor's Business Address		12	
Congressional District(s) of Primary Service Area(s)		12, 7	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Ann Arbor, Adrian, Chelsea, Dexter, Jackson, Manchester, Spring Arbor, Tecumseh, Ypsilanti Counties: Jackson, Lenawee, Livingston, Monroe, Washtenaw	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA - \$209,681.00 HOPWA HCARES - \$46,145.00 Total funding for PY20: \$255,826.00	
Organization's Website Address		http://www.miunified.org/	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Community Rebuilders		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency		K'Quiana Griffin-Knowling, Project Manager	
Email Address		kknowling@communityrebuilders.org	
Business Address		1120 Monroe Ave NW, Ste 220	
City, County, State, Zip		Grand Rapids, Kent, MI, 49503	
Phone Number (with area code)		616-458-5102x130	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-3094108	
DUN & Bradstreet Number (DUNS):		948960398	
Congressional District of Project Sponsor's Business Address		3	
Congressional District(s) of Primary Service Area(s)		3, 2	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Grand Rapids, Kentwood, Wyoming, Comstock Park, Walker, Muskegon, Belmont, Holland Counties: Kent, Ionia, Montcalm, Ottawa, Muskegon	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA - \$226,607.00 HOPWA HCARES - \$56,453.00 Total funding for PY20: \$283,060.00	
Organization's Website Address		Communityrebuilders.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Sacred Heart Rehabilitation Center Inc.		Parent Company Name, if applicable N/A	
Name and Title of Contact at Project Sponsor Agency Tim Neal, AIDS Care Program Coordinator			
Email Address tneal@sacredheartcenter.com			
Business Address Main Business Address: 400 Stoddard Rd. PO Box 41038 HOPWA Offices: 301 E. Genesee St., Ste. 201			
City, County, State, Zip. Memphis, St. Clair, MI 48041-1038 Saginaw, Saginaw, MI 48607			
Phone Number (with area code) Main office: 810-392-2167 HOPWA office - 989-776-6000 Tina x 6515 Tim x 6516			
Employer Identification Number (EIN) or Tax Identification Number (TIN) 38-1880385		Fax Number (with area code) 989-776-1710	
DUN & Bradstreet Number (DUNS): 094549912			
Congressional District of Project Sponsor's Business Address 10 (Main office) 5 (HOPWA office)			
Congressional District(s) of Primary Service Area(s) 1,4,5,10			
City(ies) and County(ies) of Primary Service Area(s) Cities: Auburn, Bay City, Bentley, Essexville, Kawkawlin, Linwood, Munger, Pinconning, University Center, Atlas, Burton, Clio, Davison, Fenton, Flint, Flushing, Gaines, Genesee, Goodrich, Grand Blanc, Lennon, Montrose, Mount Morris, Otisville, Swartz Creek, Bad Axe, Bay Port, Cassville, Elkton, Filcon, Harbor Beach, Kinde, Owendale, Pigeon, Port Austin, Port Elizabeth, Port Hope, Ruth, Sand Point, Sebewaing, Ubly, Coleman, Ederwille, Hope, Midland, Sanford, Birch Run, Brant, Bridgeport, Burt, Carrollton, Channing, Frankenmuth, Freeland, Hemlock, Merrill, Oakley, Saginaw, Saint Charles, Applegate, Argyle, Brown City, Carsonville, Crosswell, Decker, Deckerville, Forestville, Lexington, Marlette, Melvin, Minden City, Palms, Peck, Port Sanilac, Sandusky, Snover, Bancroft, Byron, Corunna, Durand, Henderson, Laingsburg, Morrice, New Lothrop, Owosso, Perry, Shattsburg, Vernon, Akron, Caro, Cass City, Deford, Fairgrove, Fostoria, Gagetown, Gifford, Kingson, Mayville, Millington, Reese, Richville, Tuscola, Unionville, Vassar, Traverse City, Kalkaska, Mancelona, East Jordan, Charlevoix, Boyne City, Petoskey, Cheboygan, Rogers City, Alpena, Atlanta, Gaylord, Grayling, Mio, Glennie, East Tawas, Standish, Clare, Harrison, Cadillac, Manton, Frankfort		Counties: Bay, Genesee, Huron, Midland, Saginaw, Sanilac, Shiawassee, Tuscola, Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Leelanau, Missaukee, Montmorency, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, Wexford.	
Total HOPWA contract amount for this Organization for the operating year Regular HOPWA \$389,935.00 HOPWA HCARES - \$59,822.00 Total funding for PY20: \$449,757.00			
Organization's Website Address www.sacredheartcenter.com			
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Lansing Area AIDS Network		Parent Company Name, if applicable n/a	
Name and Title of Contact at Project Sponsor Agency Email Address		Melissa Blood mblood@laanonline.org	
Business Address		913 W. Holmes Rd., Ste. 115	
City, County, State, Zip		Lansing, Ingham, Michigan, 48910-0437	
Phone Number (with area code)		517-394-3560	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-2791807	
DUN & Bradstreet Number (DUNS):		608441283	
Congressional District of Project Sponsor's Business Address		8	
Congressional District(s) of Primary Service Area(s)		4, 8, 7	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Lansing, Dewitt, St. Johns, Alma, Ithaca, East Lansing, Haslett, Holt, Mason, Okemos, Williamston, Stanton, Edmore, Howard City, Webberville Counties: Clinton, Eaton, Gratiot, Ingham, Shiawassee	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA \$222,343.00 HOPWA HCARES - \$23,499.00 Total funding for PY20: \$245,842.00	
Organization's Website Address		www.laanonline.org	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

Project Sponsor Agency Name Mercy Health McClees Clinic		Parent Company Name, if applicable Trinity Health Systems	
Name and Title of Contact at Project Sponsor Agency		Erin Hobson, Practice Manager, Specialty Clinics	
Email Address		hopsone@mercyhealth.com	
Business Address		Hackley Professional Building, 1675 Leafy Street, Ste. 301A.	
City, County, State, Zip		Muskegon, Muskegon, MI, 49442	
Phone Number (with area code)		231-672-8367	
Employer Identification Number (EIN) or Tax Identification Number (TIN)		38-2589966	
DUN & Bradstreet Number (DUNS):		055857643	
Congressional District of Project Sponsor's Business Address		2	
Congressional District(s) of Primary Service Area(s)		2	
City(ies) and County(ies) of Primary Service Area(s)		Cities: Muskegon, Holland, Grand Haven, Ludington, Newaygo Counties: Muskegon, Ottawa, Oceana, Lake	
Total HOPWA contract amount for this Organization for the operating year		Regular HOPWA \$204,842.00 HOPWA HCARES - \$11,000.00 Total funding for PY20: \$215,922.00	
Organization's Website Address		https://www.mercyhealth.com/ https://www.mercyhealth.com/	
Is the sponsor a nonprofit organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Please check if yes and a faith-based organization. <input checked="" type="checkbox"/> Please check if yes and a grassroots organization. <input type="checkbox"/>		Does your organization maintain a waiting list? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain in the narrative section how this list is administered.	

5. Grantee Narrative and Performance Assessment

a. Grantee and Community Overview

Provide a one to three page narrative summarizing major achievements and highlights that were proposed and completed during the program year. Include a brief description of the grant organization, area of service, the name(s) of the program contact(s), and an overview of the range/type of housing activities provided. This overview may be used for public information, including posting on HUD's website. Note: Text fields are expandable.

The Michigan Department of Health and Human Services (MDHHS) is the HOPWA grantee for 77 counties outside of southeast Michigan. The objectives of the program are carried out in a manner that is consistent with the mission of MDHHS, which is to provide opportunities, services, and programs that promote a healthy, safe, and stable environment for residents to be self-sufficient. It is the goal of MDHHS to develop and encourage measurable health, safety, and self-sufficiency outcomes that reduce and prevent risks, promote equity, foster healthy habits, and transform the health and human services system to improve the lives of Michigan families.

MDHHS has historically worked to remove barriers to service access for all HOPWA eligible households through the provision of a broad range of services to assist individuals in families in obtaining and maintaining housing. MDHHS subrecipients provide TBRA, STRMU, PHP, emergency hoteling, Case Management, Housing Information Services, and Resource ID. MDHHS does not require literal homelessness in order to access HOPWA services. During calendar year 2020, less than 1% of Michigan's literally homeless population identified within the Homeless Management Information System (HMIS) was identified as living with HIV¹. While that number is likely skewed by individuals not wanting to share their HIV information, it is still believed that the number of literally homeless Persons Living With HIV/AIDS (PLWH) is low. Therefore, the MDHHS program does not overlay additional eligibility requirements for literal homeless status on to households, although there is an expectation that individuals experiencing homelessness be assisted to stabilize their housing as soon as possible and be linked to other necessary services.

During the 2020-2021 program year, MDHHS subrecipient programs worked diligently to ensure that lower income households living with HIV were not adversely impacted by the pandemic. MDHHS used its existing contracting mechanism to quickly distribute funding provided through the federal CARES Act to its current providers. Eight-eight households that either lost jobs or had reduced work hours received 6,488 days of housing support through MDHHS's HOPWA HCARES STRMU program alone. Six households received 178 days of emergency hoteling for quarantining/isolation that helped keep them safe during the worst of Michigan's first pandemic surge. The HCARES program also provided a few households with PHP and short-term TBRA to help ensure that households were able to obtain and maintain safe housing. Overall, Michigan served approximately the same number of households as in the previous year. Reasons for serving a similar number of clients may include the role that the eviction moratorium had on a household's ability to maintain housing without reaching out for help. Additionally, there were significant and widely publicized resources made available through the Michigan State Housing Development Authority's (MSHDA) Eviction Diversion Program, which clients may have chosen to reach out to first before approaching their HOPWA program. What was different during the pandemic is that households served received services for longer periods of time and with a greater intensity of support as a result of more people unemployed for extended periods due to layoffs and struggles with finding new housing during the pandemic.

MDHHS also utilized all available waivers provided by HUD to ensure that any lower income household living with HIV was not burdened with hurdles or barriers to their housing and safety. This was primarily important when it came to verifying income and submitting necessary documentation. Households in Michigan's more rural areas often struggled to obtain their most recent paystubs, either because they did not have reliable internet to access online records systems or because their employers were shut down due to the pandemic and they were unable to access paper copies. Households also struggled with sending information to subrecipient programs since access to fax machines was reduced with the typical resources closed. Providers utilized phone and mail to communicate with households where technology capacity was limited and embraced new online platforms to support the submission of needed documents. They worked diligently to make sure that a household's access to support was not limited by new challenges in communicating caused by the pandemic.

Subrecipients were also creative with habitability reviews, working with landlords and clients to have video/picture habitability reviews or working creatively with landlords and property management firms to reduce the person-to-person interactions and contact for an onsite review. This did not always work as some property managers were not showing

¹ Michigan Campaign to End Homelessness Annual Report on Homelessness - MCTEH - Michigan's Campaign to End Homelessness

properties at all and were not able, or willing, to work electronically, but there were many cases where subrecipients and landlords were able to work together to get people into housing.

Waivers for Fair Market Rent (FMR) also helped ensure that people were able to be housed. MDHHS encouraged providers to use this waiver sparingly, recognizing that it was only for a year but it was necessary in some situations. Due to eviction moratoriums and the tightened housing market that resulted from it, demand and the related prices for housing increased during the pandemic.

Of all the waivers available, probably the most helpful was the extension of STRMU assistance, both within the HCARES funding and with regular HOPWA funding. As mentioned above, MDHHS's HOPWA program served approximately the same number of households as the previous year but for longer periods of time. Michigan was hit early in the pandemic and the state's mitigation strategies left many people unemployed and under-employed for a significant period of time. While Michigan made full utilization of eviction bans, and created an eviction diversion program with early CARES Act funding, it is obvious that those households that were able to access early and on-going supports to continue to pay their rent, mortgage, and utilities without a break are in the most stable situations with their landlords. While the majority of HOPWA households are rental households, this funding also helped mortgage holders maintain their homes.

Along with providing vital housing subsidies, subrecipients also stepped up to help clients handle the unknown of the pandemic. Isolation, fear, and trauma was a struggle for both providers and clients alike, but subrecipient staff worked to not only manage their own needs but also to assist struggling clients. They increased their communications with clients utilizing various technology platforms, they provided PPE to individuals, and increased food pantry services. They provided a listening ear to stressed clients who were worried about rent, mortgage, utility payments, food, and of course, their family well being and their health and safety.

b. Annual Performance under the Action Plan

Provide a narrative addressing each of the following four items:

1. **Outputs Reported.** Describe significant accomplishments or challenges in achieving the number of housing units supported and the number households assisted with HOPWA funds during this operating year compared to plans for this assistance, as approved in the Consolidated Plan/Action Plan. Describe how HOPWA funds were distributed during your operating year among different categories of housing and geographic areas to address needs throughout the grant service area, consistent with approved plans.

MDHHS's HOPWA program met the majority of its output goals for the year. The only area where the program was under the expected outputs was for the short-term emergency hoteling program. Program year 20-21 was the first full year of implementing this service and so the number was an estimate. Under regular HOPWA rules, subrecipients are limited on how they can use the short-term emergency hoteling to reflect HOPWA's intent that it be used in cases where housing has been identified but is just not currently available and where staying in a congregate care shelter program might negatively impact the health of a PLWH. This appropriately limits the program, since emergency hoteling could very quickly become expensive with no permanent housing outcomes. During the pandemic, HOPWA waivers allowed for expansion of the use of hoteling for isolating and quarantining and subrecipients did use the program, especially in situations where congregate shelter was the local model of shelter provision. During the early days of the pandemic when the risk of the virus for PLWH was unknown, ensuring client safety and health was paramount. The HOPWA waiver allowing for hoteling to be used for isolating and quarantining helped to stabilize people's situation while not causing additional stress and an anxiety.

In all other areas of our service provision, MDHHS subrecipients overall exceeded their output goals. This is likely helped by MDHHS's strategy for distributing funds based on the number of PLWH within a service category. While doing so helps to ensure an equitable distribution of funds, it was determined that some areas of the state were in greater needs than others as the year progressed. To address this, previous grant term funds that were unexpended were re-allocated to grantees who were in need for the current grant year. MDHHS will continue to assess previous unspent funds and ensure that those funds are re-allocated to communities in need so that no household is left without assistance.

2. **Outcomes Assessed.** Assess your program's success in enabling HOPWA beneficiaries to establish and/or better maintain a stable living environment in housing that is safe, decent, and sanitary, and improve access to care. Compare current year results to baseline results for clients. Describe how program activities/projects contributed to meeting stated goals. If program did not achieve expected targets, please describe how your program plans to address

challenges in program implementation and the steps currently being taken to achieve goals in next operating year. If your program exceeded program targets, please describe strategies the program utilized and how those contributed to program successes.

MDHHS subrecipient's have done an excellent job at meeting their outcome goals, specifically for achieving stable housing. Overall, HOPWA's TBRA program maintained 71% of households on TBRA into the upcoming year, continuing to support stable housing. Of those who exited the program, only one person (or less than 1% of the total) ended up in an unstable placement due to incarceration. The additional 28% all exited to stable/permanent housing.

For those clients served with STRMU assistance in the 2020-2021 year, 55% were in stable/permanent housing, while 45% likely needed additional STRMU to maintain their housing and were recorded as temporarily stable. This percentage was lower than the 2019-2020 percentage of 62% but higher than the 2018-2019 percentage of 39%. The most probable reason is that the pandemic, which impacted households in both the 2019-2020 and 2020-2021 reporting years, may have created a longer term need for households to access STRMU due to job layoffs or work hour reductions. Where households may have previously been able to locate new employment and stabilize their housing more quickly previous to the pandemic, it was more difficult as businesses were shut down for lengthy periods; and in some cases in households with children, one caregiver needed to stay home from work due to school closings, and people were generally fearful of working in service industry or high face-to-face situations where they may be more likely to contract Coronavirus.

For outcomes related to service provision, MDHHS subrecipients maintained an 80% success rate in ensuring that all clients had a housing plan, had contact with case manager, had contact with a primary health care provider, and accessed and/or maintained medical insurance assistance. It is believed that there may be some data entry issues that continue with this particular sub-assessment within the HMIS system since individual narrative reports submitted by subrecipients suggest that this percentage should be higher. Successfully accessing and maintaining qualification for sources of income is the one area where Michigan's HOPWA program did not exceed 80%. This was down from previous years and may possibly be as a result of the pandemic, as mentioned in the last paragraph.

3. Coordination. Report on program coordination with other mainstream housing and supportive services resources, including the use of committed leveraging from other public and private sources that helped to address needs for eligible persons identified in the Consolidated Plan/Strategic Plan.

MDHHS and HOPWA subrecipients are strong coordinators with other systems. At the state level, MDHHS coordinates on a number of efforts with HIV/STI, other HUD formula funded HUD grantees, and other mainstream housing and support networks. The HOPWA Program Specialist assists in the coordination of a HOPWA/RW Collaborative group that meets bi-monthly and includes MDHHS Ryan White leadership, Michigan's two HOPWA formula grantees and the subrecipient for the third, and other invested partners to discuss how to remove barriers to housing for PLWH. Efforts this group has been undertaking for the past year have been to look at resource issues, training issues, and policy topics that could be impacted by the collaborative.

A subcommittee of this group planned the Fourth Annual HIV and Housing Summit, which was traditionally held in November but has been shifted to June. For the 20-21 year, a inspirational message was shared in November during a shorter virtual session. In June of 2021 we held a complete virtual full day training that included workshops on the following:

- Update from HUD's Office on HIV/AIDS Housing
- HOPWA 101
- Ryan White 101
- Understanding Coordinated Entry and the role of Housing Assessment and Resource Agencies
- The Role of the Case Manager in Supportive Housing
- Trauma Informed Care and Cultural Humility
- Active Engagement and De-escalation

Close to 300 people attended this year's event, which is the highest count to date. Having the Summit held virtually allowed for a larger attendance for people who may otherwise have not been able to travel. Along with our traditional HOPWA providers in attendance, we had significant numbers of Ryan White and other HIV service providers attend along with traditional Housing and Homeless Service providers. MDHHS's HIV/STI Division provided the financial support for the Summit, recognizing the importance of housing to helping people achieve viral suppression.

The HOPWA Program Specialist also participated specifically on the Southeast Michigan Alliance, which more focuses on specific housing issues for PLWH in Southeast Michigan. The program specialist provides information on program opportunities outside of southeast Michigan. During the 2020-2021 program year, MDHHS's Division of HIV/STI partnered with the MDHHS HOPWA program and Wayne State University and other southeast Michigan partners to apply for the HOPWA NOFO to provide transitional housing to women and young children in Southeast Michigan.

At the local level, HOPWA subrecipients are expected to participate in the local Homelessness Continuums of Care (CoC) in the areas that they serve, although they may not participate monthly due to covering significant geographic areas. The Executive Director for one subrecipient HOPWA/RW agency is the Chair for local CoC and another HOPWA sub-recipient staff person sits on their local CoC board. Agencies are also expected to connect with their local Housing Assessment and Resource Agency (HARA) to help ensure that PLWH are able to access the most appropriate housing opportunities. While HOPWA TBRA is not a time limited program; subrecipients are encouraged to look at other housing programs that provide long term supports in cases where clients are unlikely to be able to work and sustain themselves financially in the future. Examples of these efforts include one subrecipient working with their local HARA to help clients access CARES Emergency Housing Vouchers to provide longer term housing and another continuing their partnership with a local Permanent Supportive Housing entity to provide five housing vouchers for individuals who are identified as literally homeless and living with HIV as part of a Frequent User Systems Engagement (FUSE) program. A third subrecipient partners with their local HARA to ensure clients who are literally homeless are added to the Housing Choice Voucher (HCV) waitlist and during 2021, three clients were successfully transferred off of HOPWA and on to HCVs.

Coordination around supportive services also takes place frequently. Six of the seven subrecipients are also Ryan White providers and frequently partner with Ryan White and related programming to support their clients. The seventh provider, who is a traditional homeless and housing provider, has established a strong network with the two local Ryan White providers to ensure that all supportive services are available. One subrecipient identified their coordination with the Tobacco Treatment program supported through MDHHS's HIV/STI unit. At the state level, the HOPWA Program Specialist attends the coordination meetings for the Tobacco Quit program and has recruited the program to present at their regular subrecipient meetings. At the local levels, where subrecipients have identified landlord bans on smoking as a barrier to housing, providers work with their Tobacco Quit programs to help clients end smoking so that it is not an additional barrier to housing. Almost 50% of PLWH in Michigan are also smokers, so this can create a substantial barrier to housing.

4. Technical Assistance. Describe any program technical assistance needs and how they would benefit program beneficiaries.

In a response to some of the barriers that are listed below, one subrecipient has expressed interest in developing subrecipient owned multi-unit transitional living homes for their clients who are less successful in finding housing in the market. These clients may have criminal backgrounds, bad credit history or other barriers that are impacting their ability to obtain housing. Having a transitional living setting where clients can obtain more support while working to remove the barriers would be beneficial. MDHHS does not currently fund a transitional housing program specific for persons living with HIV (although one has been applied for through the HOPWA NOFO). While MDHHS has been looking at this idea for southeast Michigan through the HOPWA Competitive NOFO, additional technical assistance on how to make transitional living programs work in smaller communities in the state would be helpful.

While not a specific technical assistance request, it would be helpful to have updated trainings in the areas of rental assistance determination as well as refreshed training on Getting to Work. On-going best practice workshops and program development training would also be appreciated.

c. Barriers and Trends Overview

Provide a narrative addressing items 1 through 3. Explain how barriers and trends affected your program's ability to achieve the objectives and outcomes discussed in the previous section.

1. Describe any barriers (including regulatory and non-regulatory) encountered in the administration or implementation of the HOPWA program, how they affected your program's ability to achieve the objectives and outcomes discussed, and, actions taken in response to barriers, and recommendations for program improvement. Provide an explanation for each barrier selected.

Examples of barriers identified by subrecipients:

<input checked="" type="checkbox"/> HOPWA/HUD Regulations	<input type="checkbox"/> Planning	<input checked="" type="checkbox"/> Housing Availability	<input checked="" type="checkbox"/> Rent Determination and Fair Market Rents
<input checked="" type="checkbox"/> Discrimination/Confidentiality	<input type="checkbox"/> Multiple Diagnoses	<input checked="" type="checkbox"/> Eligibility	<input type="checkbox"/> Technical Assistance or Training
<input type="checkbox"/> Supportive Services	<input checked="" type="checkbox"/> Credit History	<input checked="" type="checkbox"/> Rental History	<input checked="" type="checkbox"/> Criminal Justice History
<input checked="" type="checkbox"/> Housing Affordability	<input checked="" type="checkbox"/> Geography/Rural Access	<input checked="" type="checkbox"/> Other, please explain further Computer literacy/technology access	

i. HOPWA/HUD regulations: HUD's use of gross income does not consider the impact of taxes, SSA deductions, child support, cost of work uniforms deducted from pay checks, garnishments for past debts/student loans; or recoupment of overpayments for Social Security. Households live off of net income, which may end up being significantly lower than gross income. Subrecipients work with clients to try to locate housing that works with their budget but this can be difficult. Reenvisioning eligibility and rent determination based on net income versus gross income would expand Michigan's HOPWA programs ability to help clients who are heavily financially burdened.

ii. Increased rents/FMR issues are both a barrier and a trend. FMR rates have long been a barrier throughout most of Michigan. Finding housing that meets FMR (including both utilities and rent) and habitability standards is difficult. Older homes that have been subdivided into multiple units may be below FMR and meet habitability standards but the utilities are exorbitant due to old windows and bad insulation. Newer units typically well-exceed FMR significantly and due to overall housing shortages, property owners are able to raise rents on even mid-level properties to rates that exceed FMR.

The pandemic has also greatly exacerbated housing costs. During the pandemic, rents were rising across the state of Michigan as the rental market tightened due to eviction moratoriums that shut down unit turnover. New construction delays caused by the pandemic, and many "mom and pop" landlords choosing this time to sell their properties and leave the industry also led to a reduction in available units and increased rents that well exceeded allowable FMR. Subrecipients utilized the FMR waiver to enable them to place clients into housing when it was found. It is a serious concern that this waiver will, at some point, come to an end and it is unknown if demand will decrease or if landlords will be inclined to lower rents once it is established that people are willing to pay them. Extending the waiver or reconsidering current FMR rates in light of the impact of the pandemic on the housing market would be useful to ensuring that people are able to stay in their homes. As a long term fix, there is significant for health and affordable housing development in Michigan.

iii. Rental History, Criminal Justice History, Credit History: A person's previous challenges have a way of impeding a household's ability to stabilize housing and well-being. Households with bad rental/credit history or criminal justice history are having an increasingly difficult time accessing housing as more "mom and pop" landlords are bought out by large property owners that hire management companies with restrictive policies. Policies are set across the board with little effort to appreciate individual circumstances. This is exacerbated by subrecipient's client's rights to privacy, which can at times hinder a subrecipient's ability to build relationships with property management firms who are curious about the non-profits that are assisting with on-going rent payments.

The Michigan legislature recognized the specific challenges that having a criminal history might have for individuals in the long run and passed the Clean Slate Act that remove certain misdemeanors and felonies from a persons record after so many years. While the Act has gone into effect, it will be three more years until there is a rolling expungement process set up. In the meantime, the process to remove items from a person's criminal record is still highly cumbersome and expensive. Subrecipients refer clients to legal aid services to assist in this matter but it is still a long process that clients are not seeing a benefit from in the near future.

In cases of credit history, subrecipients work with households to help them pull down their credit report, provide referrals and assist in helping them to learn budgeting and credit rebuilding strategies.

- iv. Limited access to technology and a lack of technology literacy created new and unique barriers to services during the pandemic. As agencies were ordered to have all non-essential staff work from home and to use technology to connect with their clients, some subrecipients identified some challenges in connecting with their clients. Clients with limited reading literacy might struggle with text messages or emails, let alone the program documents that are sent to them. Lack of access to a computer/the internet also created challenges with connecting with clients and even those with cell phones may have limited data plans that require that they go somewhere to access free wifi (libraries, fast food restaurants, coffee shops) and those places were more frequently closed due to pandemic shut-downs. Understanding online platforms that would allow for face-to-face meeting such as Zoom, Google Meets, and Facetime, might be more than some clients were capable of, leaving them without the face-to-face experience of seeing their housing case managers. Subrecipients worked creatively to manage through these challenges but many of them shared that they were happy when they were allowed to start seeing clients in-person again.

2. Describe any trends in the community that may affect the way in which the needs of persons living with HIV/AIDS are being addressed, and provide any other information important to the future provision of services to this population.

One trend within these past few years has been difficulty finding an agency willing to provide services in northeast lower Michigan. Currently one provider, who is located on the northeast side of the state, is providing services to 33 counties in northern lower Michigan. We have been working to locate an additional provider who would be willing to split this large geographic area, but as of yet, have been unable to identify anyone who is willing to take on the work with the 7% administrative cap. The current provider has a staff person who has to spend multiple days a week on the road traveling to counties on the other side of the state to ensure that adequate services are provided to clients.

Current subrecipients also have difficulty in fitting administrative expenses within the 7% admin cap with at least two agencies having to make up the costs over 7% with agency funds. Due to non-HUD rules regarding 2 CFR 200 on how agencies manage their federal funds, agencies are spending more on managing their grants and related reporting. In return, there is less time available to focus on quality improvement practices and program development. Subrecipient leadership is not encouraged to engage in discussions of innovative ideas or best practices since it takes away from their time allocated for the administration of the program.

During the programming year, sub-recipients also reported following regarding trends within their communities:

- a. Client isolation related to both the pandemic and stigma – During the pandemic, especially at the beginning, clients were isolating against the unknowns of the coronavirus. Many clients were also having their work hours cut or were laid off, which disrupted personal interactions and schedules. Even individuals who were not laid off struggled and considered whether to continue working since they were already immunocompromised and there were so many unknowns.

For a few clients with roommates/families who were still working and interacting with the public, sub-recipients helped pay for hotels where they could isolate for their health, but that also meant that they were isolating from their support systems as well. At the same time, providers were moving to work from home for many of their staff and visits became phone calls and virtual. Many providers stepped up their contacts with clients to ensure that people were safe, both physically and mentally.

Stigma of people living with HIV has continued to be a trend, leaving individuals reluctant and feeling unsafe in their own communities. One provider is a part of a coalition working to combat stigma and engages in education across their community. The subrecipient in Michigan's Upper Peninsula (UP) deals with the challenges of stigma frequently where a person may be the only person living with HIV within a community due to the rural nature of the UP, and so is therefore very concerned with applying for assistance for fear that others will find out.

- b. Need for longer STRMU assistance – Subrecipients reported that while they were not really serving more clients, they were serving clients for longer periods of time with STRMU assistance. The waiver for STRMU length of assistance was extremely helpful as households face protracted lay-offs and reduced work hours.
- c. Discrimination based on source of income – Not all areas of Michigan have protections against discrimination based on source of income. In recent years, some subrecipients are experiencing more property management companies/landlords who are unwilling to work with voucher programs. This is incredibly frustrating, especially when a property changes owners and a person who lived in a property for years is forced out by a new owner who is unwilling to accept a voucher payment. Because this is a legal form of discrimination in areas of Michigan, there is little that the subrecipient can do except try to advocate on the clients behalf and/or help them locate new housing.

End of PART 1

PART 2: Sources of Leveraging and Program Income

1. Sources of Leveraging

Report the source(s) of cash or in-kind leveraged federal, state, local or private resources identified in the Consolidated or Annual Plan and used in the delivery of the HOPWA program and the amount of leveraged dollars. In Column [1], identify the type of leveraging. Some common sources of leveraged funds have been provided as a reference point. You may add Rows as necessary to report all sources of leveraged funds. Include Resident Rent payments paid by clients directly to private landlords. Do NOT include rents paid directly to a HOPWA program as this will be reported in the next section. In Column [2] report the amount of leveraged funds expended during the operating year. Use Column [3] to provide some detail about the type of leveraged contribution (e.g., case management services or clothing donations). In Column [4], check the appropriate box to indicate whether the leveraged contribution was a housing subsidy assistance or another form of support.

Note: Be sure to report on the number of households supported with these leveraged funds in Part 3, Chart 1, Column d.

A. Source of Leveraging Chart

[1] Source of Leveraging	[2] Amount of Leveraged Funds	[3] Type of Contribution	[4] Housing Subsidy Assistance or Other Support
Public Funding			
Ryan White-Housing Assistance	\$32,365	RWB Housing eviction prevention/shut-off notices	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Ryan White-Other	\$512,229	Clinical case management services	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Housing Choice Voucher Program	\$2,300	Voucher Subsidy	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Low Income Housing Tax Credit			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
HOME			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Continuum of Care			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Emergency Solutions Grant			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public: MDHHS	\$103,624	Utility assistance, debt to care, HIV prevention; Tobacco Use Reduction Project	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Public: Community enCompass (local HARA)	\$3,550	Past due rent	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Public:			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Private Funding			

Previous editions are obsolete

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Grants			<input type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
In-kind Resources	\$1,063		<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Religious Action for Affordable Housing	\$2,349	Move-in/moving costs	<input type="checkbox"/> Housing Subsidy Assistance <input checked="" type="checkbox"/> Other Support
Other Private: Bay County United Way	\$5,000		<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Other Funding			
Grantee/Project Sponsor (Agency) Cash	\$11,414	Sacred Heart emergency relief funds	<input checked="" type="checkbox"/> Housing Subsidy Assistance <input type="checkbox"/> Other Support
Resident Rent Payments by Client to Private Landlord	\$72,314		
TOTAL (Sum of all Rows)	\$746,208		

2. Program Income and Resident Rent Payments

In Section 2, Chart A, report the total amount of program income and resident rent payments directly generated from the use of HOPWA funds, including repayments. Include resident rent payments collected or paid directly to the HOPWA program. Do NOT include payments made directly from a client household to a private landlord.

Note: Please see report directions section for definition of program income. (Additional information on program income is available in the HOPWA Grantee Oversight Resource Guide).

A. Total Amount Program Income and Resident Rent Payment Collected During the Operating Year

Program Income and Resident Rent Payments Collected		Total Amount of Program Income (for this operating year)
1.	Program income (e.g. repayments)	
2.	Resident Rent Payments made directly to HOPWA Program	
3.	Total Program Income and Resident Rent Payments (Sum of Rows 1 and 2)	

B. Program Income and Resident Rent Payments Expended To Assist HOPWA Households

In Chart B, report on the total program income and resident rent payments (as reported above in Chart A) expended during the operating year. Use Row 1 to report Program Income and Resident Rent Payments expended on Housing Subsidy Assistance Programs (i.e., TBRA, STRMU, PHP, Master Leased Units, and Facility-Based Housing). Use Row 2 to report on the Program Income and Resident Rent Payment expended on Supportive Services and other non-direct Housing Costs.

Program Income and Resident Rent Payment Expended on HOPWA programs		Total Amount of Program Income Expended (for this operating year)
1.	Program Income and Resident Rent Payment Expended on Housing Subsidy Assistance costs	
2.	Program Income and Resident Rent Payment Expended on Supportive Services and other non-direct housing costs	
3.	Total Program Income Expended (Sum of Rows 1 and 2)	

End of PART 2

PART 3: Accomplishment Data Planned Goal and Actual Outputs

In Chart 1, enter performance information (goals and actual outputs) for all activities undertaken during the operating year supported with HOPWA funds. Performance is measured by the number of households and units of housing that were supported with HOPWA or other federal, state, local, or private funds for the purposes of providing housing assistance and support to persons living with HIV/AIDS and their families.

1. HOPWA Performance Planned Goal and Actual Outputs

HOPWA Performance Planned Goal and Actual		[1] Output: Households				[2] Output: Funding	
		HOPWA Assistance		Leveraged Households		HOPWA Funds	
		a.	b.	c.	d.	e.	f.
		Goal	Actual	Goal	Actual	HOPWA Budget	HOPWA Actual
HOPWA Housing Subsidy Assistance		[1] Output: Households				[2] Output: Funding	
1.	Tenant-Based Rental Assistance	100	138	N/A	N/A	\$478,721	\$473,943
2a.	Permanent Housing Facilities: Received Operating Subsidies/Leased units (Households Served)	N/A	N/A	N/A	N/A	N/A	N/A
2b.	Transitional/Short-term Facilities: Received Operating Subsidies/Leased units (Households Served)	30	14	N/A	N/A	\$84,699	\$54,717
3a.	Permanent Housing Facilities: Capital Development Projects placed in service during the operating year (Households Served)	N/A	N/A	N/A	N/A	N/A	N/A
3b.	Transitional/Short-term Facilities: Capital Development Projects placed in service during the operating year (Households Served)	N/A	N/A	N/A	N/A	N/A	N/A
4.	Short-Term Rent, Mortgage and Utility Assistance	106	111	N/A	N/A	\$446,701	\$394,468
5.	Permanent Housing Placement Services	44	48	N/A	N/A	\$86,472	\$84,951
6.	Adjustments for duplication (subtract)	N/A	40	N/A	N/A		
7.	Total HOPWA Housing Subsidy Assistance (Columns a – d equal the sum of Rows 1-5 minus Row 6; Columns e and f equal the sum of Rows 1-5)	280	271	N/A	N/A	\$1,096,593	\$1,008,079
Housing Development (Construction and Stewardship of facility based housing)		[1] Output: Housing Units				[2] Output: Funding	
8.	Facility-based units; Capital Development Projects not yet opened (Housing Units)	N/A	N/A	N/A	N/A	N/A	N/A
9.	Stewardship Units subject to 3- or 10- year use agreements	N/A	N/A				
10.	Total Housing Developed (Sum of Rows 8 & 9)	N/A	N/A	N/A	N/A	N/A	N/A
Supportive Services		[1] Output: Households				[2] Output: Funding	
11a.	Supportive Services provided by project sponsors that also delivered HOPWA housing subsidy assistance	280	280			\$542,671	\$369,333
11b.	Supportive Services provided by project sponsors that only provided supportive services	0	0			0	0
12.	Adjustment for duplication (subtract)	N/A	0				
13.	Total Supportive Services (Columns a – d equals the sum of Rows 11 a & b minus Row 12; Columns e and f equal the sum of Rows 11a & 11b)	280	280			\$542,671	\$369,333
Housing Information Services		[1] Output: Households				[2] Output: Funding	
14.	Housing Information Services	280	280			\$36,689	\$33,247
15.	Total Housing Information Services	280	280			\$36,689	\$33,247

Grant Administration and Other Activities		[1] Output: Households		[2] Output: Funding	
16.	Resource Identification to establish, coordinate and develop housing assistance resources			\$17,772	\$10,838
17.	Technical Assistance (if approved in grant agreement)			0	0
18.	Grantee Administration (maximum 3% of total HOPWA grant)			\$31,152	\$14,381
19.	Project Sponsor Administration (maximum 7% of portion of HOPWA grant awarded)			\$127,336	\$123,254
20.	Total Grant Administration and Other Activities (Sum of Rows 16 – 19)			\$176,260	\$148,473
Total Expended				[3] Outputs: HOPWA Funds Expended	
				Budget	Actual
21.	Total Expenditures for operating year (Sum of Rows 7, 10, 13, 15, and 20)			\$1,852,213	\$1,559,132

2. Listing of Supportive Services

Report on the households served and use of HOPWA funds for all supportive services. Do NOT report on supportive services leveraged with non-HOPWA funds.

Data check: Total unduplicated households and expenditures reported in Row 17 equal totals reported in Part 3, Chart 1, Row 13.

Supportive Services		[1] Output: Number of Households	[2] Output: Amount of HOPWA Funds Expended
1.	Adult day care and personal assistance	0	0
2.	Alcohol and drug abuse services	0	0
3.	Case management	261	\$367,794
4.	Child care and other child services	0	0
5.	Education	0	0
6.	Employment assistance and training	3	\$469
7.	Health/medical/intensive care services, if approved	0	0
	Note: Client records must conform with 24 CFR 92.43(a)		
8.	Legal services	0	0
9.	Life skills management (outside of case management)	3	\$483
10.	Meals/nutritional services	7	\$450
11.	Mental health services	0	0
12.	Outreach	0	0
13.	Transportation	6	\$137
14.	Other Activity (if approved in grant agreement). Specify:	0	0
15.	Sub-Total Households receiving Supportive Services (Sum of Rows 1-14)	280	
16.	Adjustment for Duplication (subtract)	0	
17.	TOTAL Unduplicated Households receiving Supportive Services (Column [1] equals Row 15 minus Row 16; Column [2] equals sum of Rows 1-14)	280	\$369,333

3. Short-Term Rent, Mortgage and Utility Assistance (STRMU) Summary

In Row a, enter the total number of households served and the amount of HOPWA funds expended on Short-Term Rent, Mortgage and Utility (STRMU) Assistance. In Row b, enter the total number of STRMU-assisted households that received assistance with mortgage costs only (no utility costs) and the amount expended assisting these households. In Row c, enter the total number of STRMU-assisted households that received assistance with both mortgage and utility costs and the amount expended assisting these households. In Row d, enter the total number of STRMU-assisted households that received assistance with rental costs only (no utility costs) and the amount expended assisting these households. In Row e, enter the total number of STRMU-assisted households that received assistance with both rental and utility costs and the amount expended assisting these households. In Row f, enter the total number of STRMU-assisted households that received assistance with utility costs only (not including rent or mortgage costs) and the amount expended assisting these households. In row g, report the amount of STRMU funds expended to support direct program costs such as program operation staff.

Data Check: The total households reported as served with STRMU in Row a, column [1] and the total amount of HOPWA funds reported as expended in Row a, column [2] equals the household and expenditure total reported for STRMU in Part 3, Chart 1, Row 4, Columns b and f, respectively.

Data Check: The total number of households reported in Column [1], Rows b, c, d, e, and f equal the total number of STRMU households reported in Column [1], Row a. The total amount reported as expended in Column [2], Rows b, c, d, e, f, and g, equal the total amount of STRMU expenditures reported in Column [2], Row a.

Housing Subsidy Assistance Categories (STRMU)		[1] Output: Number of Households Served	[2] Output: Total HOPWA Funds Expended on STRMU during Operating Year
a.	Total Short-term mortgage, rent and/or utility (STRMU) assistance	111	\$394,488
b.	Of the total STRMU reported on Row a, total who received assistance with mortgage costs ONLY.	2	\$11,053
c.	Of the total STRMU reported on Row a, total who received assistance with mortgage and utility costs.	1	\$3,173
d.	Of the total STRMU reported on Row a, total who received assistance with rental costs ONLY.	79	\$235,646
e.	Of the total STRMU reported on Row a, total who received assistance with rental and utility costs.	22	\$67,199
f.	Of the total STRMU reported on Row a, total who received assistance with utility costs ONLY.	7	\$37,166
g.	Direct program delivery costs (e.g., program operations staff time)		\$40,231

End of PART 3

Part 4: Summary of Performance Outcomes

In Column [1], report the total number of eligible households that received HOPWA housing subsidy assistance, by type. In Column [2], enter the number of households that continued to access each type of housing subsidy assistance into next operating year. In Column [3], report the housing status of all households that exited the program. Data Check: The sum of Columns [2] (Number of Households Continuing) and [3] (Exited Households) equals the total reported in Column [1]. Note: Refer to the housing stability codes that appear in Part 5: Worksheet - Determining Housing Stability Outcomes.

Section 1. Housing Stability: Assessment of Client Outcomes on Maintaining Housing Stability (Permanent Housing and Related Facilities)

A. Permanent Housing Subsidy Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Tenant-Based Rental Assistance	138	98	1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	30	Stable/Permanent Housing (PH)
			4 Other HOPWA	2	
			5 Other Subsidy	7	
			6 Institution	0	
			7 Jail/Prison	1	Unstable Arrangements
			8 Disconnected/Unknown	0	
			9 Death	0	Life Event
Permanent Supportive Housing Facilities/ Units	0	0	1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable, with Reduced Risk of Homelessness
			3 Private Housing	0	Stable/Permanent Housing (PH)
			4 Other HOPWA	0	
			5 Other Subsidy	0	
			6 Institution	0	
			7 Jail/Prison	0	Unstable Arrangements
			8 Disconnected/Unknown	0	
			9 Death	0	Life Event

B. Transitional Housing Assistance

	[1] Output: Total Number of Households Served	[2] Assessment: Number of Households that Continued Receiving HOPWA Housing Subsidy Assistance into the Next Operating Year	[3] Assessment: Number of Households that exited this HOPWA Program; their Housing Status after Exiting		[4] HOPWA Client Outcomes
Transitional/ Short-Term Housing Facilities/ Units	14	0	1 Emergency Shelter/Streets	0	Unstable Arrangements
			2 Temporary Housing	0	Temporarily Stable with Reduced Risk of Homelessness
			3 Private Housing	0	Stable/Permanent Housing (PH)
			4 Other HOPWA	0	
			5 Other Subsidy	14	

			5 Institution	0	
			7 Jail/Prison	0	Unstable Arrangements
			8 Disconnected/unknown	0	
			9 Death	0	Life Event
B1: Total number of households receiving transitional/short-term housing assistance whose tenure exceeded 24 months			0		

Section 2. Prevention of Homelessness: Assessment of Client Outcomes on Reduced Risks of Homelessness (Short-Term Housing Subsidy Assistance)

Report the total number of households that received STRMU assistance in Column [1].

In Column [2], identify the outcomes of the households reported in Column [1] either at the time that they were known to have left the STRMU program or through the project sponsor's best assessment for stability at the end of the operating year.

Information in Column [3] provides a description of housing outcomes; therefore, data is not required.

At the bottom of the chart:

- In Row 1a, report those households that received STRMU assistance during the operating year of this report, and the prior operating year.
- In Row 1b, report those households that received STRMU assistance during the operating year of this report, and the two prior operating years.

Data Check: The total households reported as served with STRMU in Column [1] equals the total reported in Part 3, Chart 1, Row 4, Column b.

Data Check: The sum of Column [2] should equal the number of households reported in Column [1].

Assessment of Households that Received STRMU Assistance

[1] Output: Total number of households	[2] Assessment of Housing Status		[3] HOPWA Client Outcomes
111	Maintain Private Housing <u>without</u> subsidy (e.g. Assistance provided/completed and client is stable, not likely to seek additional support)	47	Stable/Permanent Housing (PH)
	Other Private Housing without subsidy (e.g. client switched housing units and is now stable, not likely to seek additional support)	2	
	Other HOPWA Housing Subsidy Assistance	2	
	Other Housing Subsidy (PH)	10	
	Institution (e.g. residential and long-term care)	0	
	Likely that additional STRMU is needed to maintain current housing arrangements	50	Temporarily Stable, with Reduced Risk of Homelessness
	Transitional Facilities/Short-term (e.g. temporary or transitional arrangement)	0	
	Temporary/Non-Permanent Housing arrangement (e.g. gave up lease, and moved in with family or friends but expects to live there less than 90 days)	0	
	Emergency Shelter/street	0	Unstable Arrangements
	Jail/Prison	0	
	Disconnected	0	
	Death	0	Life Event
1a. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the prior operating year (e.g. households that received STRMU assistance in two consecutive operating years).			29

1b. Total number of those households that received STRMU Assistance in the operating year of this report that also received STRMU assistance in the two prior operating years (e.g. households that received STRMU assistance in three consecutive operating years).	32
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Section 3. HOPWA Outcomes on Access to Care and Support

1a. Total Number of Households

Line [1]: For project sponsors that provided HOPWA housing subsidy assistance during the operating year identify in the appropriate row the number of households that received HOPWA housing subsidy assistance (TBRA, STRMU, Facility-Based, PHP and Master Leasing) and HOPWA funded case management services. Use Row c to adjust for duplication among the service categories and Row d to provide an unduplicated household total.

Line [2]: For project sponsors that did NOT provide HOPWA housing subsidy assistance identify in the appropriate row the number of households that received HOPWA funded case management services.

Note: These numbers will help you to determine which clients to report Access to Care and Support Outcomes for and will be used by HUD as a basis for analyzing the percentage of households who demonstrated or maintained connections to care and support as identified in Chart 1b below.

Total Number of Households	
1. For Project Sponsors that provided HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded services:	
a. Housing Subsidy Assistance (duplicated)-TBRA, STRMU, PHP, Facility-Based Housing, and Master Leasing	311
b. Case Management	261
c. Adjustment for duplication (subtraction)	301
d. Total Households Served by Project Sponsors with Housing Subsidy Assistance (Sum of Rows a and b minus Row c)	271
2. For Project Sponsors that did NOT provide HOPWA Housing Subsidy Assistance: Identify the total number of households that received the following HOPWA-funded service:	
a. HOPWA Case Management	0
b. Total Households Served by Project Sponsors without Housing Subsidy Assistance	0

1b. Status of Households Accessing Care and Support

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report the number of households that demonstrated access or maintained connections to care and support within the operating year.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report the number of households that demonstrated improved access or maintained connections to care and support within the operating year.

Note: For information on types and sources of income and medical insurance/assistance, refer to Charts below.

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:	Outcome Indicator
1. Has a housing plan for maintaining or establishing stable on-going housing	220	0	Support for Stable Housing
2. Had contact with case manager/benefits counselor consistent with the schedule specified in client's individual service plan (may include leveraged services such as Ryan White Medical Case Management)	219	0	Access to Support
3. Had contact with a primary health care provider consistent with the schedule specified in client's individual service plan	217	0	Access to Health Care
4. Accessed and maintained medical insurance/assistance	221	0	Access to Health Care
5. Successfully accessed or maintained qualifications for sources of income	189	0	Sources of Income

Chart 1b, Line 4: Sources of Medical Insurance and Assistance include, but are not limited to the following (Reference only)

<ul style="list-style-type: none"> MEDICAID Health Insurance Program, or use local program name MEDICARE Health Insurance Program, or use local program name 	<ul style="list-style-type: none"> Veterans Affairs Medical Services AIDS Drug Assistance Program (ADAP) State Children's Health Insurance Program (SCHIP), or use local program name 	<ul style="list-style-type: none"> Ryan White-funded Medical or Dental Assistance
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Chart 1b, Row 5: Sources of Income include, but are not limited to the following (Reference only)

• Earned Income	• Child Support	• General Assistance (GA), or use local program name
• Veteran's Pension	• Social Security Disability Income (SSDI)	• Private Disability Insurance
• Unemployment Insurance	• Alimony or other Spousal Support	• Temporary Assistance for Needy Families (TANF)
• Pension from Former Job	• Veteran's Disability Payment	• Other Income Sources
• Supplemental Security Income (SSI)	• Retirement Income from Social Security	
	• Worker's Compensation	

1c. Households that Obtained Employment

Column [1]: Of the households identified as receiving services from project sponsors that provided HOPWA housing subsidy assistance as identified in Chart 1a, Row 1d above, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or related case management/counseling services.

Column [2]: Of the households identified as receiving services from project sponsors that did NOT provide HOPWA housing subsidy assistance as reported in Chart 1a, Row 2b, report on the number of households that include persons who obtained an income-producing job during the operating year that resulted from HOPWA-funded Job training, employment assistance, education or case management/counseling services.

Note: This includes jobs created by this project sponsor or obtained outside this agency.

Note: Do not include jobs that resulted from leveraged job training, employment assistance, education or case management/counseling services.

Categories of Services Accessed	[1] For project sponsors that provided HOPWA housing subsidy assistance, identify the households who demonstrated the following:	[2] For project sponsors that did NOT provide HOPWA housing subsidy assistance, identify the households who demonstrated the following:
Total number of households that obtained an income-producing job	34	0

End of PART 4

PART 5: Worksheet - Determining Housing Stability Outcomes (optional)

1. This chart is designed to assess program results based on the information reported in Part 4 and to help Grantees determine overall program performance. Completion of this worksheet is optional.

Permanent Housing Subsidy Assistance	Stable Housing (# of households remaining in program plus 3+4+5+6)	Temporary Housing (2)	Unstable Arrangements (1+7+8)	Life Event (9)
Tenant-Based Rental Assistance (TBRA)				
Permanent Facility-based Housing Assistance/Units				
Transitional/Short-Term Facility-based Housing Assistance/Units				
Total Permanent HOPWA Housing Subsidy Assistance				
Reduced Risk of Homelessness: Short-Term Assistance	Stable/Permanent Housing	Temporarily Stable, with Reduced Risk of Homelessness	Unstable Arrangements	Life Events
Short-Term Rent, Mortgage, and Utility Assistance (STRMU)				
Total HOPWA Housing Subsidy Assistance				

Background on HOPWA Housing Stability Codes

Stable Permanent Housing/Ongoing Participation

3 = Private Housing in the private rental or home ownership market (without known subsidy, including permanent placement with families or other self-sufficient arrangements) with reasonable expectation that additional support is not needed.

4 = Other HOPWA-funded housing subsidy assistance (not STRMU), e.g. TBRA or Facility-Based Assistance.

5 = Other subsidized house or apartment (non-HOPWA sources, e.g., Section 8, HOME, public housing).

6 = Institutional setting with greater support and continued residence expected (e.g., residential or long-term care facility).

Temporary Housing

2 = Temporary housing: moved in with family/friends or other short-term arrangement, such as Ryan White subsidy, transitional housing for homeless, or temporary placement in institution (e.g., hospital, psychiatric hospital or other psychiatric facility, substance abuse treatment facility or detox center).

Unstable Arrangements

1 = Emergency shelter or no housing destination such as places not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station, or anywhere outside).

7 = Jail /prison.

8 = Disconnected or disappeared from project support, unknown destination or no assessments of housing needs were undertaken.

Life Event

9 = Death, i.e., remained in housing until death. This characteristic is not factored into the housing stability equation.

Tenant-based Rental Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as reported under: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item: 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Permanent Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) remain in the housing and (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Transitional/Short-Term Facility-Based Housing Assistance: Stable Housing is the sum of the number of households that (i) continue in the residences (ii) those that left the assistance as shown as items: 3, 4, 5, and 6. Other Temporary Housing is the number of households that accessed assistance, and left their current housing for a non-permanent housing arrangement, as reported under item 2. Unstable Situations is the sum of numbers reported under items: 1, 7, and 8.

Tenure Assessment. A baseline of households in transitional/short-term facilities for assessment purposes, indicate the number of households whose tenure exceeded 24 months.

STRMU Assistance: Stable Housing is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period and there is reasonable expectation that additional support is not needed in order to maintain permanent housing living situation (as this is a time-limited form of housing support) as reported under housing status: Maintain Private Housing with subsidy; Other Private with Subsidy; Other HOPWA support; Other Housing Subsidy; and Institution. Temporarily Stable, with Reduced Risk of Homelessness is the sum of the number of households that accessed assistance for some portion of the permitted 21-week period or left their current housing arrangement for a transitional facility or other temporary/non-permanent housing arrangement and there is reasonable expectation additional support will be needed to maintain housing arrangements in the next year, as reported under housing status: Likely to maintain current housing arrangements, with additional STRMU assistance; Transitional Facilities/Short-term; and Temporary/Non-Permanent Housing arrangements. Unstable Situation is the sum of number of households reported under housing status: Emergency Shelter; Jail/Prison; and Disconnected.

End of PART 5

PART 6: Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY)

The Annual Report of Continued Usage for HOPWA Facility-Based Stewardship Units is to be used in place of Part 7B of the CAPER if the facility was originally acquired, rehabilitated or constructed/developed in part with HOPWA funds but no HOPWA funds were expended during the operating year. Scattered site units may be grouped together on one page.

Grantees that used HOPWA funding for new construction, acquisition, or substantial rehabilitation are required to operate their facilities for HOPWA eligible individuals for at least ten (10) years. If non-substantial rehabilitation funds were used, they are required to operate for at least three (3) years. Stewardship begins once the facility is put into operation.

Note: See definition of Stewardship Units.

1. General Information

HUD Grant Number(s)	Operating Year for this report From (mm/dd/yy) To (mm/dd/yy) <input type="checkbox"/> Final Yr <input type="checkbox"/> Yr 1; <input type="checkbox"/> Yr 2; <input type="checkbox"/> Yr 3; <input type="checkbox"/> Yr 4; <input type="checkbox"/> Yr 5; <input type="checkbox"/> Yr 6; <input type="checkbox"/> Yr 7; <input type="checkbox"/> Yr 8; <input type="checkbox"/> Yr 9; <input type="checkbox"/> Yr 10
Grantee Name	Date Facility Began Operations (mm/dd/yy)

2. Number of Units and Non-HOPWA Expenditures

Facility Name:	Number of Stewardship Units Developed with HOPWA Funds	Amount of Non-HOPWA Funds Expended in Support of the Stewardship Units during the Operating Year
Total Stewardship Units (subject to 3- or 10- year use periods)		

3. Details of Project Site

Project Sites: Name of HOPWA-funded project	
Site Information: Project Zip Code(s)	
Site Information: Congressional District(s)	
Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not list <input type="checkbox"/> Not confidential; information can be made available to the public
If the site is not confidential; Please provide the contact information, phone, email address/location, if business address is different from facility address	

End of PART 6

Part 7: Summary Overview of Grant Activities**A. Information on Individuals, Beneficiaries, and Households Receiving HOPWA Housing Subsidy Assistance (TBRA, STRMU, Facility-Based Units, Permanent Housing Placement and Master Leased Units ONLY)**

Note: Reporting for this section should include ONLY those individuals, beneficiaries, or households that received and/or resided in a household that received HOPWA Housing Subsidy Assistance as reported in Part 3, Chart 1, Row 7, Column b. (e.g., do not include households that received HOPWA supportive services ONLY).

Section 1. HOPWA-Eligible Individuals Who Received HOPWA Housing Subsidy Assistance**a. Total HOPWA Eligible Individuals Living with HIV/AIDS**

In Chart a., provide the total number of eligible (and unduplicated) low-income individuals living with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance during the operating year. This total should include only the individual who qualified the household for HOPWA assistance, NOT all HIV positive individuals in the household.

Individuals Served with Housing Subsidy Assistance	Total
Number of individuals with HIV/AIDS who qualified their household to receive HOPWA housing subsidy assistance.	271

Chart b. Prior Living Situation

In Chart b., report the prior living situations for all Eligible Individuals reported in Chart a. In Row 1, report the total number of individuals who continued to receive HOPWA housing subsidy assistance from the prior operating year into this operating year. In Rows 2 through 17, indicate the prior living arrangements for all new HOPWA housing subsidy assistance recipients during the operating year.

Data Check: The total number of eligible individuals served in Row 18 equals the total number of individuals served through housing subsidy assistance reported in Chart a above.

Category	Total HOPWA Eligible Individuals Receiving Housing Subsidy Assistance
1. Continuing to receive HOPWA support from the prior operating year	113
New Individuals who received HOPWA Housing Subsidy Assistance support during Operating Year	
2. Place not meant for human habitation (such as a vehicle, abandoned building, bus/train/subway station/airport, or outside)	6
3. Emergency shelter (including hotel, motel, or campground paid for with emergency shelter voucher)	0
4. Transitional housing for homeless persons	1
5. Total number of new Eligible Individuals who received HOPWA Housing Subsidy Assistance with a Prior Living Situation that meets HUD definition of homelessness (Sum of Rows 2 – 4)	7
6. Permanent housing for formerly homeless persons (such as Shelter Plus Care, SHP, or SRO Mod Rehab)	6
7. Psychiatric hospital or other psychiatric facility	0
8. Substance abuse treatment facility or detox center	0
9. Hospital (non-psychiatric facility)	0
10. Foster care home or foster care group home	0
11. Jail, prison or juvenile detention facility	0
12. Rented room, apartment, or house	91
13. House you own	11
14. Staying or living in someone else's (family and friends) room, apartment, or house	45
15. Hotel or motel paid for without emergency shelter voucher	3
16. Other	1
17. Don't Know or Refused	0
18. TOTAL Number of HOPWA Eligible Individuals (sum of Rows 1 and 5-17)	271

c. Homeless Individual Summary

In Chart c, indicate the number of eligible individuals reported in Chart b, Row 5 as homeless who also are homeless Veterans and/or meet the definition for Chronically Homeless (See Definition section of CAPER). The totals in Chart c do not need to equal the total in Chart b, Row 5.

Category	Number of Homeless Veteran(s)	Number of Chronically Homeless
HOPWA eligible individuals served with HOPWA Housing Subsidy Assistance	0	0

Section 2. Beneficiaries

In Chart a, report the total number of HOPWA eligible individuals living with HIV/AIDS who received HOPWA housing subsidy assistance (as reported in Part 7A, Section 1, Chart a), and all associated members of their household who benefitted from receiving HOPWA housing subsidy assistance (resided with HOPWA eligible individuals).

Note: See definition of HOPWA Eligible Individual

Note: See definition of Transgender.

Note: See definition of Beneficiaries.

Data Check: The sum of each of the Charts b & c on the following two pages equals the total number of beneficiaries served with HOPWA housing subsidy assistance as determined in Chart a, Row 4 below.

a. Total Number of Beneficiaries Served with HOPWA Housing Subsidy Assistance

Individuals and Families Served with HOPWA Housing Subsidy Assistance	Total Number
1. Number of individuals with HIV/AIDS who qualified the household to receive HOPWA housing subsidy assistance (equals the number of HOPWA Eligible Individuals reported in Part 7A, Section 1, Chart a)	271
2. Number of ALL other persons diagnosed as HIV positive who reside with the HOPWA eligible individuals identified in Row 1 and who benefitted from the HOPWA housing subsidy assistance	9
3. Number of ALL other persons NOT diagnosed as HIV positive who reside with the HOPWA eligible individual identified in Row 1 and who benefitted from the HOPWA housing subsidy	94
4. TOTAL number of ALL beneficiaries served with Housing Subsidy Assistance (Sum of Rows 1, 2, & 3)	374

b. Age and Gender

In Chart b, indicate the Age and Gender of all beneficiaries as reported in Chart a directly above. Report the Age and Gender of all HOPWA Eligible Individuals (those reported in Chart a, Row 1) using Rows 1-5 below and the Age and Gender of all other beneficiaries (those reported in Chart a, Rows 2 and 3) using Rows 6-10 below. The number of individuals reported in Row 11, Column E, equals the total number of beneficiaries reported in Part 7, Section 2, Chart a, Row 4.

HOPWA Eligible Individuals (Chart a, Row 1)						
		A	B	C	D	E
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
1.	Under 18	2	1	0	0	3
2.	18 to 30 years	33	3	2	1	39
3.	31 to 50 years	85	50	4	1	140
4.	51 years and Older	57	32	0	0	89
5.	Subtotal (Sum of Rows 1-4)	177	86	6	2	271
All Other Beneficiaries (Chart a, Rows 2 and 3)						
		A	B	C	D	E
		Male	Female	Transgender M to F	Transgender F to M	TOTAL (Sum of Columns A-D)
6.	Under 18	23	30	0	0	53
7.	18 to 30 years	11	9	1	0	21
8.	31 to 50 years	9	6	0	0	15
9.	51 years and Older	7	7	0	0	14
10.	Subtotal (Sum of Rows 6-9)	50	52	1	0	103
Total Beneficiaries (Chart a, Row 4)						
11.	TOTAL (Sum of Rows 5 & 10)	227	138	7	2	374

c. Race and Ethnicity*

In Chart c, indicate the Race and Ethnicity of all beneficiaries receiving HOPWA Housing Subsidy Assistance as reported in Section 2, Chart a, Row 4. Report the race of all HOPWA eligible individuals in Column [A]. Report the ethnicity of all HOPWA eligible individuals in column [B]. Report the race of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [C]. Report the ethnicity of all other individuals who benefitted from the HOPWA housing subsidy assistance in column [D]. The summed total of columns [A] and [C] equals the total number of beneficiaries reported above in Section 2, Chart a, Row 4.

Category		HOPWA Eligible Individuals		All Other Beneficiaries	
		[A] Race (all individuals reported in Section 2, Chart a, Row 1)	[B] Ethnicity (Also identified as Hispanic or Latino)	[C] Race (total of individuals reported in Section 2, Chart a, Rows 2 & 3)	[D] Ethnicity (Also identified as Hispanic or Latino)
1.	American Indian/Alaskan Native	3	1	2	0
2.	Asian	0	0	0	0
3.	Black/African American	143	1	59	0
4.	Native Hawaiian/Other Pacific Islander	4	3	3	3
5.	White	105	14	31	5
6.	American Indian/Alaskan Native & White	4	2	0	0
7.	Asian & White	0	0	0	0
8.	Black/African American & White	5	0	4	0
9.	American Indian/Alaskan Native & Black/African American	1	0	0	0
10.	Other Multi-Racial	4	0	4	0
11.	Column Totals (Sum of Rows 1-10)	271	21	103	8
Data Check: Sum of Row 11 Column A and Row 11 Column C equals the total number HOPWA Beneficiaries reported in Part 3A, Section 2, Chart a, Row 4.					

*Reference (data requested consistent with Form HUD-27061 Race and Ethnic Data Reporting Form)

Section 3. Households

Household Area Median Income

Report the Income(s) for all households served with HOPWA housing subsidy assistance.

Data Check: The total number of households served with HOPWA housing subsidy assistance should equal Part 3C, Row 7, Column b and Part 7A, Section 1, Chart a. (Total HOPWA Eligible Individuals Served with HOPWA Housing Subsidy Assistance).

Note: Refer to <https://www.huduser.gov/portal/datasets/il.html> for information on area median income in your community.

Percentage of Area Median Income		Households Served with HOPWA Housing Subsidy Assistance
1.	0-30% of area median income (extremely low)	209
2.	31-50% of area median income (very low)	42
3.	51-80% of area median income (low)	20
4.	Total (Sum of Rows 1-3)	271

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Hackley Hospital/McClees Clinic

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (If applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a. Purchase/lease of property:			Date (mm/dd/yyyy):
b. Rehabilitation/Construction Dates:			Date started: Date Completed:
c. Operation dates:			Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units # Total Units #
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible - Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Hackley Hospital/McCles Clinic

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units				
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm
a.	Single room occupancy dwelling					
b.	Community residence					
c.	Project-based rental assistance units or leased units					
d.	Other housing facility Specify: Emergency Housing	3				

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	3	\$21,092
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$21,092

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Community AIDS Resource and Education Services (CARES)

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a *group* and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a.	Purchase/lease of property:		Date (mm/dd/yyyy):
b.	Rehabilitation/Construction Dates:		Date started: Date Completed:
c.	Operation dates:		Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d.	Date supportive services began:		Date started: <input type="checkbox"/> Not yet providing services
e.	Number of units in the facility:		HOPWA-funded units = Total Units =
f.	Is a waiting list maintained for the facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g.	What is the address of the facility (if different from business address)?		
h.	Is the address of the project site confidential?		<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabilitated				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Community AIDS Resource and Education Services (CARES)

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+ bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify: Emergency Housing	1					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	1	\$3,292
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$3,292

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Lansing Area AIDS Network (LAAN)

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a. Purchase/lease of property:			Date (mm/dd/yyyy):
b. Rehabilitation/Construction Dates:			Date started: Date Completed:
c. Operation dates:			Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = Total Units =
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Lansing Area AIDS Network (LAAN)

Type of housing facility operated by the project sponsor	Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
	SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+ bdrm
a. Single room occupancy dwelling						
b. Community residence						
c. Project-based rental assistance units or leased units						
d. Other housing facility Specify: Emergency Housing	5					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	5	\$8,713
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$8,713

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 8: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Marquette County Health Department

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a. Purchase/lease of property:			Date (mm/dd/yyyy):
b. Rehabilitation/Construction Dates:			Date started: Date Completed:
c. Operation dates:			Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = Total Units =
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Marquette County Health Department

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify: Emergency Housing	1					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	1	\$4,149
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$4,149

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Sacred Heart Rehabilitation Center

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (if applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check only one box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a. Purchase/lease of property:			Date (mm/dd/yyyy):
b. Rehabilitation/Construction Dates:			Date started: Date Completed:
c. Operation dates:			Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = Total Units =
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?			<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

Previous editions are obsolete

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Form HUD-40110-D (Expiration Date: 11/30/2023)
 OMB Approval No. 2506-0133

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units - Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Sacred Heart Rehabilitation Center

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify: Emergency Hoteling	3					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	3	\$12,332
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (if approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$12,332

Part 7: Summary Overview of Grant Activities
B. Facility-Based Housing Assistance

Complete one Part 7B for each facility developed or supported through HOPWA funds.

Do not complete this Section for programs originally developed with HOPWA funds but no longer supported with HOPWA funds. If a facility was developed with HOPWA funds (subject to ten years of operation for acquisition, new construction and substantial rehabilitation costs of stewardship units, or three years for non-substantial rehabilitation costs), but HOPWA funds are no longer used to support the facility, the project sponsor should complete Part 6: Continued Usage for HOPWA Facility-Based Stewardship Units (ONLY).

Complete Charts 2a, Project Site Information, and 2b, Type of HOPWA Capital Development Project Units, for all Development Projects, including facilities that were past development projects, but continued to receive HOPWA operating dollars this reporting year.

1. Project Sponsor Agency Name (Required)

Unified HIV Health and Beyond

2. Capital Development

2a. Project Site Information for HOPWA Capital Development of Projects (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this reporting year)

Note: If units are scattered-sites, report on them as a group and under type of Facility write "Scattered Sites."

Type of Development this operating year	HOPWA Funds Expended this operating year (if applicable)	Non-HOPWA funds Expended (If applicable)	Name of Facility:
<input type="checkbox"/> New construction	\$	\$	Type of Facility [Check <u>only one</u> box.] <input type="checkbox"/> Permanent housing <input type="checkbox"/> Short-term Shelter or Transitional housing <input type="checkbox"/> Supportive services only facility
<input type="checkbox"/> Rehabilitation	\$	\$	
<input type="checkbox"/> Acquisition	\$	\$	
<input type="checkbox"/> Operating	\$	\$	
a. Purchase/lease of property:			Date (mm/dd/yyyy):
b. Rehabilitation/Construction Dates:			Date started: Date Completed:
c. Operation dates:			Date residents began to occupy: <input type="checkbox"/> Not yet occupied
d. Date supportive services began:			Date started: <input type="checkbox"/> Not yet providing services
e. Number of units in the facility:			HOPWA-funded units = Total Units =
f. Is a waiting list maintained for the facility?			<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of participants on the list at the end of operating year
g. What is the address of the facility (if different from business address)?			
h. Is the address of the project site confidential?	<input type="checkbox"/> Yes, protect information; do not publish list <input type="checkbox"/> No, can be made available to the public		

2b. Number and Type of HOPWA Capital Development Project Units (For Current or Past Capital Development Projects that receive HOPWA Operating Costs this Reporting Year)

For units entered above in 2a, please list the number of HOPWA units that fulfill the following criteria:

	Number Designated for the Chronically Homeless	Number Designated to Assist the Homeless	Number Energy-Star Compliant	Number 504 Accessible – Mobility Units – Sensory Units
Rental units constructed (new) and/or acquired with or without rehab				
Rental units rehabbed				
Homeownership units constructed (if approved)				

3. Units Assisted in Types of Housing Facility/Units Leased by Project Sponsor

Charts 3a, 3b, and 4 are required for each facility. In Charts 3a and 3b, indicate the type and number of housing units in the facility, including master leased units, project-based or other scattered site units leased by the organization, categorized by the number of bedrooms per unit.

Note: The number units may not equal the total number of households served.

Please complete separate charts for each housing facility assisted. Scattered site units may be grouped together.

3a. Check one only

- ☐ Permanent Supportive Housing Facility/Units
☒ Short-term Shelter or Transitional Supportive Housing Facility/Units

3b. Type of Facility

Complete the following Chart for all facilities leased, master leased, project-based, or operated with HOPWA funds during the reporting year.

Name of Project Sponsor/Agency Operating the Facility/Leased Units: Unified HIV Health and Beyond

Type of housing facility operated by the project sponsor		Total Number of Units in use during the Operating Year Categorized by the Number of Bedrooms per Units					
		SRO/Studio/0 bdrm	1 bdrm	2 bdrm	3 bdrm	4 bdrm	5+bdrm
a.	Single room occupancy dwelling						
b.	Community residence						
c.	Project-based rental assistance units or leased units						
d.	Other housing facility Specify: Emergency Housing	1					

4. Households and Housing Expenditures

Enter the total number of households served and the amount of HOPWA funds expended by the project sponsor on subsidies for housing involving the use of facilities, master leased units, project based or other scattered site units leased by the organization.

Housing Assistance Category: Facility Based Housing		Output: Number of Households	Output: Total HOPWA Funds Expended during Operating Year by Project Sponsor
a.	Leasing Costs	1	\$5,139
b.	Operating Costs		
c.	Project-Based Rental Assistance (PBRA) or other leased units		
d.	Other Activity (If approved in grant agreement) Specify:		
e.	Adjustment to eliminate duplication (subtract)		
f.	TOTAL Facility-Based Housing Assistance (Sum Rows a through d minus Row e)		\$5,139